2003 State Health Insurance Assistance Program (SHIP) Client Contact Form

Counselor Name:

Zip Code of Counseling Location:

Type of Client/Assistance Requested by: (Check all that apply)

- ☐ Beneficiary (self)
- ☐ Couple
- ☐ Caregiver (family member, conservator)
- ☐ Agency
- ☐ Other (Friend, significant Other)

Date of Initial Contact:
_ _ / _ _ / _ _ _ _
month / day / year

Type of Contact:

- ☐ Telephone
- ☐ In-Person (home visit)
- ☐ In-Person (site)
- ☐ e-mail/fax/postal mail

Time Spent:
_____ hours _____ minutes

Notes:

SECTION 1 - BENEFICIARY INFORMATION

Beneficiary Name:
_____ _____
First Last

Beneficiary Street Address/City/State/Zip Code:
_____
_____

Representative Name (if applicable):
_____ _____
First Last

Beneficiary Telephone #:
(__ __ __) __ __ __ - __ __ __ __

SECTION 2 - BENEFICIARY DEMOGRAPHICS (RECOMMENDED):

Is this his/her first contact with a SHIP since April 1, 2001? ☐ Yes (complete this section) ☐ No (skip to Section 3)

Age:
Date of Birth: __ __ / __ __ / __ __ __ __ OR
month / day / year

- ☐ under 65 years
- ☐ 65-74
- ☐ 75-84
- ☐ 85 or older
- ☐ Not Collected

Gender:

- ☐ Female
- ☐ Male
- ☐ Not Collected

Ethnicity/Race:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian, or other Pacific Islander
- ☐ White, not of Hispanic origin
- ☐ Other: _____
- ☐ Not Collected

Monthly Income:

- ☐ Less than or equal to SLMB rate (individual = $859 , couple = $1307)
- ☐ Greater than SLMB rate
- ☐ Not Collected

Disabled:

- ☐ Yes
- ☐ No
- ☐ Not Collected

SECTION 3 - TOPICS DISCUSSED (Check all that apply)

Medicare:
Discussed

- ☐ Enrollment, eligibility, benefits
- ☐ Claims/billing
- ☐ Appeals/quality of care

Medigap/Supplement/SELECT
Discuss

- ☐ Enrollment, eligibility, comparisions
- ☐ Change coverage
- ☐ Claims/appeals

Medicare+Choice (HMOs, PFFS, managed care):
Discussed

- ☐ Enrollment, disenrollment, eligibility, comparisons, etc.
- ☐ Plan or benefit changes/non-renewals
- ☐ Claims/billing
- ☐ Appeals/quality of care/grievances

Medicaid
Discuss

- ☐ QMB
- ☐ SLMB/QI-1
- ☐ QI-2
- ☐ SSI
- ☐ Other Medicaid

Discussed

- ☐ **Long-Term Care Insurance**

Discuss

- ☐ **Prescription drug assistance**

Other:

Discussed

- ☐ Medicare Fraud/Abuse
- ☐ Employer health plan or Federal Employee Health Benefits Program
- ☐ COBRA

Discuss

- ☐ Military health benefits
- ☐ Customer service issues/complaint
- ☐ Other_____
- ☐ Other_____

Please attach a separate page for notes

2003

Instructions for Completing the Client Contact Form for the State Health Insurance Assistance Program (SHIP)

Aggregated data from Client Contact Forms to be submitted to HCFA every 6 months

This document provides definitions and instructions for the information that is collected and reported on each contact with a client.

Definition

Client Contacts: "Client Contacts" includes **all** contacts between counselors or staff and clients which include elders, Medicare or Medicaid beneficiaries, family members or others working on behalf of a client. These contacts can be over the telephone, in person (site), in person (at home), or via postal mail, e-mail or fax.

Do NOT use the Client Contact Form for:

- ∃ persons reached at public events such as presentations or health fairs. Questions asked during or after a presentation are not considered individual client contacts unless one-on-one counseling occurs.

- ∃ contacts from agency staff persons not working on behalf of a beneficiary.

- ∃ unsuccessful attempts to reach a client (e.g., leaving messages on an answering machine).

Who Completes the Client Contact Form?

The Client Contact Form is used by registered SHIP counselors only (i.e. individuals who have received counselor training and have signed some type of Counselor Agreement or Memorandum of Understanding). SHIP counselors can include volunteers, staff, toll-free helpline counselors, local coordinators/sponsors, etc.

Client Contact Forms are considered confidential. They must be treated by counselors as confidential information. THE COUNSELOR MUST ASSURE THE CLIENT THAT ALL PERSONAL INFORMATION COLLECTED IS CONFIDENTIAL.

Instructions for Completing the Client Contact Form

Contact Information (top section of page, before "**Section 1- Beneficiary Information**")

Counselor Name: Enter the name of the registered counselor who provided SHIP services to the client for this contact. If a team of two counselors helped the client, enter the name of the primary counselor (only complete one form).

Zip Code of Counseling Location: Enter the zip code of the location where counseling occurred. If the contact occurred in more than one location or more than once, enter the location where the first contact occurred.

Type of Client/Assistance Requested by: Check the box or boxes that best describes the type of client or clients who request information or assistance. Check "couple" only if both require SHIP services for the same issue.

Quick telephone calls: Check this box for calls lasting less than 10 minutes. If possible, counselors should make an attempt to complete the rest of the form.

Date of Initial Client Contact: Enter the date on which the first counseling/assistance session occurred. Do not count contact with a client to merely set up an appointment for a later date.

Date if Multiple Contact: Enter the date(s) on which additional contacts or counseling/assistance occurred. Counseling sessions occurring on separate days should be entered as a separate contact date, even if the counseling session is a follow-up session on the same topic. You may need to use additional forms if more than three separate contacts occur on three separate days.

For clients who require monthly claims/billing assistance (for whom you may have multiple contacts on a regular basis), you need only complete one form each month for the client. Make sure to count all time spent during the month on the client's bills.

Type of Contact: This section reports on the four ways in which counselors provide services to help the client resolve his/her insurance-related problem(s). Check whether the contact was made:

- ∃ over the telephone,
- ∃ in person (site),
- ∃ in person (home visit), or
- ∃ via postal mail, e-mail or fax.

Note: For in person contacts that occurred in other locations, such as a grocery store or church, check the box for in person (site).

Time Spent: Time spent represents the total minutes/hours a counselor spent counseling or working directly on behalf of the client for each contact.

This includes the total number of minutes/hours spent on the following activities to resolve the client's issue(s) related to each contact:

- ∃ counseling,
- ∃ researching,
- ∃ referring,
- ∃ advocating (calling agencies on the client's behalf),
- ∃ trying to reach the client
- ∃ waiting to meet with a client,
- ∃ traveling,
- ∃ preparing materials to send to the client, and
- ∃ completing paperwork/forms to report the client contact.

In the blank line(s) provided, write in the *total* number of minutes or hours spent on the case. Note that some of the time spent may take place on a day other than the contact date. For example, you may spend 1 hour with the client on the contact date, 1 hour the next day researching information on behalf of the client and another 20 minutes the following day completing paperwork. Two hours and 20 minutes should be entered as the total time spent next to the initial client contact date.

Status of client contact: Check "open" if contact with the client is likely to continue in order to resolve their issues/problems, or "closed" if no further contact is necessary.

Section 1- Beneficiary Information

Enter the **name**, **zip code**, and **telephone number** of the Medicare beneficiary (or pre-Medicare beneficiary) who is the recipient of SHIP services. This information may be needed to contact the client with follow-up information and to assist with their particular issue or problem. This information also helps the Medicare program know how many unique beneficiaries the SHIPs are assisting. If the beneficiary is deceased, information on the beneficiary's representative should be entered instead.

> *Note*: Please remember to include area code when recording the telephone number.

For couples needing assistance with the same issue(s), enter the name of the individual who the counselor spent more time speaking with. Exception: if both individuals need assistance with separate issues, please complete a separate form for each individual.

Representative name: If appropriate, enter the name of the person (spouse, relative, friend, agency staff) helping or representing the beneficiary.

Section 2- Beneficiary Demographics

Beneficiary Demographic information shall be completed only if a client is contacting SHIP for the first time since April 1, 2001. If the beneficiary is deceased, complete this section for the beneficiary's representative you are helping.

Steps:

1. First, ask the client if he/she has received SHIP services since April 1, 2001. If not, complete the Beneficiary Demographics Section. Take the word of the client; no check of past records is necessary. If a client is unsure whether they have received SHIP services since April 1, complete this section.

2. Assure the client that the data gathered in this section are confidential and are used for statistical analysis purposes only. Counselors may read the following statement to the client: "We need to collect as much of the following information about you as possible, but all information is optional. The program uses this information to get an idea of which clients we are reaching and which we aren't. We can also use this information to demonstrate how many people we reach so that we can continue to get funding to help Medicare beneficiaries. All information we collect is strictly confidential--no names will be attached when reported as totals."

3. The counselor should make his/her best attempt to collect as much of the demographic information as possible, but this information is optional.

    - ∃ The client often communicates beneficiary demographic information during the course of the counseling session. In these cases, the counselor does not need to ask for it directly.

- If the beneficiary demographic information is not shared during the course of the conversation and the counselor feels uncomfortable or is unable to collect this information from the client, an educated guess is acceptable or else "Not Collected" should be checked.

Hint: If the contact is in person, the counselor may ask the client to fill in the demographics him/herself. This can be accomplished easily by turning the form around to them and giving them a few minutes to complete it before the counselor continues.

For couples, complete this section for only one individual. (Choose the one you spent more time talking with or who needs most assistance.)

Date of Birth or Age: The counselor may collect either of these items. For the age categories, check the box that applies to the client. For date of birth, simply record this information in the allotted space.

Hint: If the client has not volunteered information about his/her age, it may be easier to ask for date of birth.

Gender: Check the appropriate one. If the gender is not obvious (over the telephone, for example), an educated guess is acceptable.

Monthly income: Check the appropriate box that applies to the client. Check "Not Collected" if the client is reluctant to reveal his/her income. While income is a sensitive topic, knowledge of a client's income may help the counselor assess whether the client is eligible for Medicaid, QMB, SLMB, or any other needs-based programs.

Note: This category refers to the monthly "household" income of the client or the client and spouse only, not relatives with whom the client might be living.

Hint: If the counselor is feeling uncomfortable with this topic, the counselor might tell the client that there are different programs available for different income levels. The counselor can provide a list of the income levels and the programs that correspond with them and ask the client to report which programs sound appropriate to his/her income level. The counselor can then explain these specific programs to the client.

Disabled: Check "disabled" if the client is currently receiving or applying for Medicare/Social Security benefits due to disability or End Stage Renal Disease (ESRD).

Ethnicity/Race: Check the ethnicity/race category that applies to the client. It is appropriate to ask the client what ethnicity/race category they declare.

Hint: It may be helpful to explain to the client that this information is being collected to ensure that SHIP services are accessible to all members of the elderly community, such that no group is under served.

Section 3- Topics Discussed

Discussed: Many clients need assistance with more than one issue. Section 3 is designed to reflect all major topics discussed during the course of the client contact. For example, if a counselor discusses three topics with a client, then the boxes under the "discussed" heading for all three topics should be checked. Thus, this section provides a count of the specific issues that require counselor assistance to resolve or understand.

Medicare:

Enrollment, eligibility, benefits: includes helping someone understand what Medicare does and does not pay for, or answering eligibility and enrollment questions.

Claims/billing: includes any problems with Medicare covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and

teaching them how to organize billings and claims papers fit into this category.

Appeals/quality of care: includes contacts associated with a review, reconsideration, or formal appeal regarding an original statement from Medicare.

Medigap/Supplement/SELECT:

Enrollment, eligibility, comparisons: includes contacts associated with explaining Medicare supplement coverage, answering questions about eligibility and enrollment, comparing policies, or providing information to help someone make a decision on the best policy to meet their financial needs.

Change coverage: includes discussion of the way a client can secure comparable or better insurance coverage, reduce coverage, cancel coverage, or not purchase unnecessary insurance. This also includes discussion of the Medicaid suspension option, which allows for the discontinuation of Medicare supplement premiums.

Claims/appeals: includes problems with Medigap covering a provider bill or with understanding the claims process. This section also includes contact associated with a review, reconsideration, or formal appeal regarding a Medigap decision or finding.

Medicare+Choice (Health Maintenance Organizations (HMOs), Private Fee-For-Service (PFFS), managed care):

Enrollment/disenrollment, eligibility, comparisons etc.: includes helping someone understand how Medicare+Choice plans work, answering eligibility and enrollment questions, reviewing similar insurance policies being considered by a client, and comparing different Medicare+Choice plans. It can include any mention of "Medicare+Choice" by the client or the need for assistance on any of the expanded health plan choices created as part of the Balanced Budget Act of 1997. These include Health Maintenance Organizations (HMOs), HMOs with Point of Service (POS)

option, Preferred Provider Organizations (PPOs), Provider-Sponsored Organizations (PSOs), Private Fee-For-Service Plans (PFFS plans), or Medical Savings Accounts (MSAs).

Plan or benefit changes/non-renewals: includes any changes in a client's coverage due to plan non-renewals/terminations, changes in provider participation, changes in premiums, or changes in covered benefits.

Claims/billing: includes any problems with a Medicare+Choice plan covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and teaching them how to organize billings and claims papers fit into this category.

Appeals/quality of care/grievances: includes contacts associated with an appeal, quality of care complaint or grievance related to HMOs or other choices authorized under Medicare+Choice.

Medicaid:

All of these categories include helping someone understand what services are covered under a particular Medicaid program, answering general eligibility and enrollment questions, such as income and resource limits, and possibly helping clients complete enrollment forms.

QMB: includes discussion of eligibility for the Qualified Medicare Beneficiary program that pays for Medicare premiums, deductibles, and coinsurance.

SLMB/QI-1: includes discussion of eligibility for the Specified Low-Income Medicare Beneficiary/Qualifying Individual-1 programs that pay for the Medicare Part B premium.

QI-2: includes discussion of the Qualifying Individual-2 program that pays for a small part of the Medicare Part B premium.

SSI: includes discussion of Supplemental Security Income payment available to Social Security recipients with very limited income and resources.

Other Medicaid (some of these may not apply to all states): includes discussion of the Regular Medicaid program, Medicaid for Aged or Disabled, Medically Needy Medicaid**,** dual eligibility, LTC/home & community-based waivers, nursing home/spousal impoverishment, or Supplemental Security Income (SSI).

Long-Term Care (LTC) Insurance:

May include explaining long-term care insurance; discussing eligibility; reviewing policies; providing someone with the information necessary to make a decision about whether or not to purchase a LTC policy; discussion of the way a client can secure comparable or better insurance coverage, reduce coverage, cancel coverage, or not purchase unnecessary insurance; and claims/appeals**.**

Prescription drug assistance/plans:

Includes discussions of drug assistance programs with clients seeking help for drug costs such as state pharmacy/prescription assistance, or other prescription aid programs (free or discount).

Other:

Medicare Fraud/Abuse: may include any problems associated with unethical, illegal, or abusive sales practices by a provider, an insurer, insurance representative, or managed care sales representative in regard to selling a client insurance policies or health plans. If a complaint based on abuse or fraud is filed, this category should be checked also.

Employer health plan or FEHB Program: (Federal Employee Health Benefits Program): may include explaining an employer group plan or

federal employee health plan, comparing one to a Medicare Supplement, or assisting a client with filing a claim or appeal.

COBRA: may include explaining a client's COBRA rights or coverage. The Consolidated Omnibus Budget Reconciliation Act (COBRA) provides an employee the right to continue health insurance coverage under an employer's group plan due to termination of employment or other qualifying change in status.

Military health benefits: may include explaining military health benefits, comparing them to a Medicare Supplement or referral to a Military Retiree Benefits Information Officer/program. A retiree may have health benefits through the military, including VA benefits or TRICARE/CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) coverage.

Customer service issues/complaint: may include discussions with clients who experienced inadequate service when contacting an agency, such as Medicare, HCFA, Social Security Administration, state Medicaid agency, or a Peer Review Organization. This may include receiving wrong information, not being treated courteously by a representative, or not receiving assistance with an issue with which a representative is expected to help them. This also includes problems associated with unethical, illegal, or abusive sales practices. This does not include claims issues.

Other: includes any other type of assistance provided by the counselor which is not listed within the six major topic areas, such as ERISA (Employee Retirement Income Security Act of 1974), free care, or state specific topics. This can be written in on the blank line provided.

Optional notes (attach separate page)

This can include information helpful to the counselor or coordinator such as a summary of the question or problem that the client described to the counselor, the type of insurance coverage and policy numbers if needed for counseling purposes; what action was taken by the counselor and the outcome or resolution to

the problem; referrals to other agencies; whether materials were mailed to the client; and status of the contact.

Furthermore, if a client specifies the exact dollar amount of savings associated with a particular issue checked in Section 3, then the counselor could use this space to provide the amount of dollar savings. Report this amount as given to you by the client (i.e. monthly or annually). No calculations are necessary.